

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>HAL001029</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: <b>01</b><br><br>B. WING _____  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R</b><br><b>09/08/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SPRINGVIEW - STEWART BUILDING</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>611 W WHITSETT STREET<br/>GRAHAM, NC 27253</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE   |
| {C 000}  | Initial Comments<br><br>This report is of a Followup Survey done by Bob Getchell on September 8, 2015.<br><br>The followup survey revealed that all deficiencies have not been corrected, therefore a new plan of correction is required.   | {C 000}  |  |  |
| {C 189}  | Building Equipment Maintained Safe, Operating<br><br>SECTION .0300 - PHYSICAL PLANT<br>10A NCAC 13F .0311 OTHER<br>REQUIREMENTS<br>(a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.<br>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.<br><br>This Rule is not met as evidenced by:<br>2. Based on observation, the building was not maintained in a safe manner by not maintaining the fire-resistance rating of building components.<br><br>Followup Findings on 9-8-15 include:<br>b) The back left exterior storage room has unprotected penetrations in the ceiling by wires<br>c) The sprinkler riser / mechanical room has i) unprotected wall penetrations and ii) a heat detector coming loose from the ceiling, | {C 189}  |  |  |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE